

General:

Department of Administration's Organizational Circular #03-011 is in compliance with §14106 and §14107 of Chapter 14 of Title 4 of the Guam Code Annotated. This form should be updated every time there is a change in the departments Primary and Alternate Certifying Officer.

Once the form is completed, copies must be forwarded to the following:

1. **BBMR**
2. **Dept of Administration (DOA) – GSA**
3. **DOA – Payroll Branch**
4. **DOA – Treasurer of Guam**
5. **DOA – Division of Accounts.**

Signature of Certifying Officer Form

Line by Line Instructions**Line 1 – DATE / submission status**

- **Date** – Enter the date the document is prepared.
- **Submission** – check if first (initial) submission for the Fiscal Year or superseding.

Line 2 – Type of Submission

- **First Submission** – Check if this is the FIRST submission of Authorizing Signatures.
- **Supersede #** – Check and indicate the number of submission to supersede a prior form.

Line 3 – FROM

- **Department/Agency** - Enter the name of the Department / Agency submitting signature specimens.
- **Department / Division** - Enter two-digit Department

Number and two-digit Division Number.

- **Fiscal Year** - Enter the Current Fiscal Year.

Line 4 – PRIMARY

- **Signature** - Official signature of the Primary Authorizing Official as it will appear on all official documents.
- **Full Name** - Print or type the full name of the Primary Authorizing Official.
- **Initials** - Enter initials of the Primary Authorizing Official as it will appear on all official documents.

Line 5 – ALTERNATE (1)

- **Signature** - Official signature of the first Alternate Authorizing Official as it will appear on all official documents.
- **Full Name** - Print or type the full name of the first Alternate Authorizing Official.
- **Initials** - Enter initials of the first Alternate Authorizing Official as it will appear on all official documents.

Line 6 – ALTERNATE (2) (If applicable)

- **Signature** - Official signature of the second Alternate Authorizing Official as it will appear on all official documents.
- **Full Name** - Print or type the full name of the second Alternate Authorizing Official.
- **Initials** - Enter initials of the second Alternate Authorizing Official as it will appear on all official documents.

Line 7 – ALTERNATE (3) (If applicable)

- **Signature** - Official signature of the second Alternate Authorizing Official as it will

appear on all official documents.

- **Full Name** - Print or type the full name of the second Alternate Authorizing Official.
- **Initials** - Enter initials of the second Alternate Authorizing Official as it will appear on all official documents.

Line 8 – ALTERNATE (4) (If applicable)

- **Signature** - Official signature of the second Alternate Authorizing Official as it will appear on all official documents.
- **Full Name** - Print or type the full name of the second Alternate Authorizing Official.
- **Initials** - Enter initials of the second Alternate Authorizing Official as it will appear on all official documents.

Line 9– (Blank Line)

Indicate contact number(s) of Department/Agency Head.

Line 10 – DEPARTMENT / AGENCY HEAD

Signature of Department / Agency Head.
